



March 11, 2016

VIA EMAIL AND HAND DELIVERY

Mr. John Tarr, Chairman
City of Edgewater
104 North Riverside Drive
Edgewater, FL 32132

Re: City of Edgewater Police Officers' Retirement Plan

Dear Mr. Tarr:

Enclosed, for your review, are two (2) copies of the 2015 Annual Report on behalf of the above referenced Plan.

Prior to submitting the Report to the State, it will be necessary for you to obtain **notarized signatures** of Larry Brinson as Secretary and yourself as Chairman.

It is not necessary to wait for the Audit Report to submit your Annual Report.

We have prepared the financial sections of the Report with the fund assets and activity as compiled for the October 1, 2015, Actuarial Valuation. Any reconciliation to the Audit that is requested by the State will be handled by our office upon written request from the Division of Retirement.

Please forward the "State" copy of the Report immediately upon signature and, when completed, the required CPA Audit Report to:

**Division of Retirement
Post Office Box 3010
Tallahassee, Florida 32315-3010**

The extra copy of the Report is for the Board's files.

If you have any questions, please let us know.

Sincerely,

Wesley P. Corner

WPC/le

Enclosure

cc with enclosure: Ferrell Jenne, Plan Administrator (via email)
Jonathan C. McKinney, Finance Director (via email)

cc without enclosure: Webb Shepard, CPA
Ken Harrison, Plan Attorney

2015 Annual Report

For The

City: EDGEWATER

MUNICIPAL POLICE OFFICERS' FUND



Please direct all correspondence to:

Municipal Police Officers' and Firefighters'
Retirement Trust Funds Office
Division of Retirement
Post Office Box 3010
Tallahassee, Florida 32315-3010

Phone (850) 922-0667

Fax (850) 921-2161

Toll Free (877) 738-6737

Web <http://www.myflorida.com/frs/mpf>

Email mpf@dms.myflorida.com

DATE RECEIVED

Annual Report _____

Audit _____

Actuarial Valuation _____

APPROVED:

Financial _____

Statistical _____

Plan _____

ANNUAL REPORT FOR YEAR 2015
Information provided in this report is public record

EDGEWATER
(CITY)
CITY OF EDGEWATER POLICE OFFICERS' RETIREMENT PLAN
(NAME OF FUND)
P.O. BOX 1075, EDGEWATER, FLORIDA 32132
(ADDRESS OF FUND)

STATE OF Florida

COUNTY OF Volusia

We declare that the information given in this Annual Report and any attachments thereto is true and complete to the best of our information, knowledge and belief. We declare that the plan was created and continues to operate within the provisions of s. 185.03, F.S.

CHAIRMAN *

Signature

John Tarr
Name of Chairman

* Must be a member of the Board of Trustees
--

104 N. Riverside Drive, Edgewater, Florida 32132
Mailing Address

<u>(386)</u>	<u>424-2400</u>	<u>jtarr@cityofedgewater.org</u>
Area Code	Telephone	Email

SECRETARY *

Signature

Larry Brinson
Name of Secretary

104 N. Riverside Drive, Edgewater, Florida 32132
Mailing Address

<u>(386)</u>	<u>424-2400</u>	<u>craigb26@aol.com</u>
Area Code	Telephone	Email

THIS PAGE MUST BE NOTARIZED

CONTACT PERSON FOR ANNUAL REPORT:

Bradley R. Heinrichs, F.S.A., E.A.
Name

The Municipal Police Officers' and Firefighters' Retirement Trust Funds Office is hereby authorized to contact the person listed above for additional information and/or corrections regarding the annual report.

Consulting Actuary
Title

13420 Parker Commons Blvd, Ste 104
Fort Myers, FL 33912
Mailing Address

data@foster-foster.com
Email

<u>(239)</u>	<u>433-5500</u>
Area Code	Telephone

Chairman: Subscribed and sworn to before me this _____ day of _____, 20____
Personally known or produced identification Type of ID _____

Secretary: Subscribed and sworn to before me this _____ day of _____, 20____
Personally known or produced identification Type of ID _____

1. **BOARD OF TRUSTEES**
Makeup of Board specified in:

Ordinance No. 2000-O-14, Section 9.01, Dated 09/11/00

Names of Trustees

Trustees Elected/Appointed By*

David Arcieri

Elected

John Tarr, Chairman

Elected

Lawrence Leaf

Fifth Member

Larry Brinson, Secretary

Appointed by City Council

Alexander Penalta

Appointed by City Council

* For each Trustee Specify: City Appointee, Police Officer, Elected Fifth Member, or Designated in Ordinance (example: Finance Director, City Clerk or Treasurer). Attach separate page, if necessary.

2. **Required Quarterly Board Meetings.** List the date (month, day, year) of one Board meeting in each quarter:

1st 12/15/14

2nd 03/16/15

3rd 07/29/15

4th 09/14/15

3. List all ordinances passed during this reporting period that affect your pension fund. An impact statement **must** be performed for each new ordinance. Any ordinance having no actuarial impact upon the plan **must** have a letter from your actuary attesting to this fact.

Ord. Number	Date Passed	Impact Statement Date

Ord. Number	Date Passed	Impact Statement Date

4. **CHAPTER FUNDS ONLY** – List any benefit improvements implemented during this reporting period and the date effective: _____

5. **MINIMUMS** – Does the plan meet all chapter minimum benefits and standards as of July 1, 2015?
Yes X No _____

If not, which minimums are missing? (attach additional pages if necessary) _____

6. **COLLECTIVE BARGAINING AGREEMENT** Not Applicable? _____

Effective date of current collective bargaining agreement: 11/17/15

Period covered: 3 years Next scheduled agreement: 10/01/18

7. **DEFINED CONTRIBUTION PLAN** – Date established _____

8. Has the plan submitted a **detailed accounting report** with this filing? Yes X / No _____
Date provided to the plan sponsor: 01/05/16

9. Did the plan operate under an **administrative expense budget** for the fiscal year? Yes X / No _____
Date provided to the plan sponsor: 09/24/15

City of Edgewater Police Officers' Retirement Plan
Actual Expenses as of September 30, 2015

<u>Expenditure Type</u>		<u>Actual Amounts</u>
Actuary	\$	16,714.00
Administrator		20,189.06
Attorney		9,387.62
IME Physician Fees		-
Auditor		-
Custodian of Funds		6,625.00
Fiduciary Insurance		3,033.45
School, Travel and Dues		-
Performance Monitoring		14,500.00
IRS Determination Letter		-
Miscellaneous		-
<u>Totals</u>	<u>\$</u>	<u>70,449.13</u>

1. ACTUARIAL VALUATION

Contributions (Page 5, Line 3) for this reporting period were made in accordance with the valuation performed by:

Foster & Foster, Inc.

Name of Firm

Bradley R. Heinrichs, F.S.A., E.A. 13420 Parker Commons Blvd, Ste 104 Ft. Myers, FL 33912

Contact Person Mailing Address

(239) 433-5500 data@foster-foster.com

Area Code Telephone Email

Date of Valuation 10/01/13 Period Covered 10/01/14 – 09/30/15

2. CERTIFIED PUBLIC ACCOUNTANT

James Moore and Company

Name of Firm

Webb Shepard 121 Executive Circle, Daytona Beach, FL 32114-1180

Contact Person Mailing Address

(386) 257-4100 webb.shepard@jmco.com

Area Code Telephone Email

3. MONEY MANAGER

Dana Investment

Name of Firm

John Hamlin 15808 West Bluemound rd., Ste. 250, Brookfield, WI 53008

Contact Person Mailing Address

(242) 782-3631 john@danainvestment.com

Area Code Telephone Email

American Funds

Name of Firm

Mutual Fund/ no point contact P.O. Box 2280, Norfolk, VA 23501-2280

Contact Person Mailing Address

(800) 421-4225

Area Code Telephone Email

Vanguard

Name of Firm

Mutual Fund/ no point contact P.O. Box 1101, Valley Forge, PA 19482-1101

Contact Person Mailing Address

(800) 523-1036 institutional@vanguard.com

Area Code Telephone Email

Integrity Fixed Income

Name of Firm

Michelle Denney 651 Bryn Mawr Str., Orlando, FL 32804

Contact Person Mailing Address

(407) 481-2420 mdenney@integrityfi.com

Area Code Telephone Email

4. PERFORMANCE EVALUATION

Bogdahn Group

Name of Firm

Jack Evatt 4901 Vineland Rd., Ste 600, Orlando, FL 32811
Contact Person Mailing Address

(407) 520-5351 jacke@bogdahnconsulting.com
Area Code Telephone Email

09/30/15 through 09/30/15
Date of Evaluation Period Covered

5. LEGAL ADVISOR

Sugarman & Susskind, P.A.

Name of Firm

Ken Harrison 100 Miracle Mile, Suite 300 Coral Gables, FL 33134
Attorney Mailing Address

(305) 529-2801 kenharrison@sugarmansusskind.com
Area Code Telephone email

6. PLAN ADMINISTRATOR

Foster & Foster, Inc.

Name of Firm

Ferrell Jenne 13420 Parker Commons Blvd, Ste 104 Ft. Myers, FL 33912
Administrator Mailing Address

(239) 433-5500 ferrell.jenne@foster-foster.com
Area Code Telephone Email

City of Edgewater Police Officers' Retirement Plan

RECONCILIATION TO CUSTODIAL/MANAGER STATEMENTS
September 30, 2015

<u>ASSETS</u>	COST VALUE	MARKET VALUE
Custodial/Manager Statements:		
Salem M04143	7,911,663.01	8,126,753.59
Total Custodial Statements	7,911,663.01	8,126,753.59
Receivables:		
Investment Income	31,653.69	31,653.69
Total Receivable	31,653.69	31,653.69
TOTAL ASSETS	7,943,316.70	8,158,407.28
<u>LIABILITIES AND NET ASSETS</u>		
Payables:		
Investment Expenses	5,750.00	5,750.00
Administrative Expenses	2,414.27	2,414.27
Funding Standard Account	272,870.00	272,870.00
Total Liabilities	281,034.27	281,034.27
Net Assets	7,662,282.43	7,877,373.01
TOTAL LIABILITIES AND NET ASSETS	7,943,316.70	8,158,407.28

Statement Period
Account Number

10/01/2014 through 09/30/2015
M04143
SALEM TRUST COMPANY
AS CUSTODIAN FOR THE
CITY OF EDGEWATER POLICE
OFFICERS' RETIREMENT PLAN
MASTER ACCOUNT

Balance Sheet

	AS OF 10/01/2014		AS OF 09/30/2015	
	COST VALUE	MARKET VALUE	COST VALUE	MARKET VALUE
A S S E T S				
CASH	0.00	0.00	0.00	0.00
ACCRUED INCOME	32,105.77	32,105.77	31,653.69	31,653.69
TOTAL CASH & RECEIVABLES	32,105.77	32,105.77	31,653.69	31,653.69
CASH AND EQUIVALENTS				
SHORT TERM INVESTMENTS	343,105.09	343,105.09	366,109.13	366,109.13
TOTAL CASH AND EQUIVALENTS	343,105.09	343,105.09	366,109.13	366,109.13
FIXED INCOME				
U S GOVERNMENT OBLIGATIONS	29,362.89	29,521.80	272,976.76	277,439.70
MORTGAGE/ASSET BACKED SEC	838,587.49	848,539.64	765,113.61	778,035.24
COLLATERALIZED MTGE OBLIG	55,975.31	56,281.67	48,181.70	49,575.15
MUNICIPAL OBLIGATIONS	199,313.50	199,992.55	280,411.75	282,794.50
CORPORATE BONDS	1,624,389.63	1,603,557.46	1,539,928.10	1,492,320.43
TOTAL FIXED INCOME	2,747,628.82	2,737,893.12	2,906,611.92	2,880,165.02
EQUITIES				
COMMON STOCK	2,070,039.06	2,454,209.45	2,261,508.70	2,421,931.68
FOREIGN STOCK	319,457.52	386,247.67	276,153.27	335,908.54
MUT FUNDS - EQUITY	2,002,563.86	2,130,338.88	2,044,316.73	2,073,429.22
UNIT INVESTMENT TRUSTS	0.00	0.00	56,963.26	49,210.00
TOTAL EQUITIES	4,392,060.44	4,970,796.00	4,638,941.96	4,880,479.44
TOTAL HOLDINGS	7,482,794.35	8,051,794.21	7,911,663.01	8,126,753.59
TOTAL ASSETS	7,514,900.12	8,083,899.98	7,943,316.70	8,158,407.28
L I A B I L I T I E S				
TOTAL LIABILITIES	0.00	0.00	0.00	0.00
TOTAL NET ASSET VALUE	7,514,900.12	8,083,899.98	7,943,316.70	8,158,407.28

City of Edgewater Police Officers' Retirement Plan

STATEMENT OF ASSETS AND LIABILITIES
FOR THE PERIOD ENDING SEPTEMBER 30, 2015

ASSETS - MARKET VALUE

1.	Cash, Checking and Savings	(From pg. 7)	0.00
2.	Certificates of Deposit	(From pg. 7)	0.00
3.	Short Term Investments	(From pg. 7)	366,109.13
4.	Other Cash and Equivalents	(From pg. 8)	0.00
5.	U. S. Bonds and Bills	(From pg. 8)	277,439.70
6.	Federal Agency Guaranteed Securities	(From pg. 8)	778,035.24
7.	Corporate Bonds	(From pg. 8)	1,541,895.58
8.	Stocks	(From pg. 9)	2,807,050.22
9.	Other Securities	(From pg. 9)	0.00
10.	Real Estate	(From pg. 9)	0.00
11.	Investments Held by Insurance Company	(From pg. 9)	0.00
12.	Municipal Obligations	(From pg. 10)	282,794.50
13.	Mutual Funds	(From pg. 10)	2,073,429.22
14.	Accounts Receivable	(From pg. 10)	0.00
15.	Accrued Income		31,653.69
16.	TOTAL ASSETS		8,158,407.28

LIABILITIES

17.	Refunds Payable		0.00
18.	Pension Payable		0.00
19.	Unpaid Expenses		8,164.27
20.	Funding Standard Account		272,870.00
21.	Prepaid City Contribution		0.00
22.	TOTAL LIABILITIES		281,034.27
23.	FUND BALANCE		7,877,373.01

Must agree with page 5, line 25

City of Edgewater Police Officers' Retirement Plan

STATEMENT OF REVENUES, EXPENDITURES & CHANGES IN FUND BALANCE
FOR THE PERIOD ENDING SEPTEMBER 30, 2015

REVENUES

1.	Contributions from Members	(From pg. 14)	79,609.87
2.	Contributions from State of Florida	(From pg. 6)	127,668.11
3.	Contributions from City	(From pg. 6)	640,567.14
4.	Contributions from City - for Members		0.00
5.	Buybacks/Repayment of Contributions	(From pg. 17)	0.00
6.	Donations		0.00
7.	Unrealized Gains/Losses		(353,909.28)
8.	Interest and Dividends		226,133.96
9.	Gain from Sale of Investments		160,374.64
10.	TOTAL REVENUE		880,444.44

EXPENDITURES

11.	Retirement Pension Payments	(From pg. 12)	645,644.76
12.	Disability Pension Payments	(From pg. 12)	28,579.80
13.	Beneficiary Pension Payments	(From pg. 12)	20,792.76
14.	Total Pension Payments	(From pg. 12)	695,017.32
15.	Termination Payments	(From pg. 13)	2,191.01
16.	DROP Plan Payments	(From pg. 15)	0.00
17.	Insurance Premium Payments		0.00
18.	Expenses	(From pg. 6)	97,246.84
19.	_____		0.00
20.	Funding Standard Account Net Change		19,822.76
21.	Loss from Sale of Investments		0.00
22.	TOTAL EXPENDITURES		814,277.93
23.	NET INCREASE / (DECREASE) FOR THE YEAR		66,166.51
24.	FUND BALANCE - BEGINNING OF YEAR: October 1, 2014		7,811,206.50
	Must agree with <u>prior year</u> report page 5, line 25		
25.	FUND BALANCE - END OF YEAR: September 30, 2015		7,877,373.01
	Must agree with page 4, line 23		

1. TOTAL CALENDAR YEAR 2015 POLICE DEPARTMENT PAYROLL: 2,812,357.38

**** IMPORTANT ****

See Annual Report Instructions for details.

This figure must be on a calendar year basis. Department Payroll includes all employees of the Department (secretaries, dispatchers, firefighters or police officers, etc.), EXCEPT for Fire Department members included in the Florida Retirement System. **If lower than last year or significantly higher, please explain!**

2. STATE OF FLORIDA PREMIUM TAX MONEY

Deposit Date	Amount	Deposit Date	Amount
08/26/2015	127,668.11		
			TOTAL STATE CONTRIBUTIONS
			127,668.11
(Page 5, Line 2)			

3. CITY CONTRIBUTIONS

Deposit Date	Amount	Deposit Date	Amount
10/17/2014	21,649.45	06/12/2015	27,882.23
10/28/2014	3,033.45	06/26/2015	22,804.46
10/31/2014	23,624.81	07/10/2015	27,801.82
11/14/2014	25,905.43	07/24/2015	22,071.17
11/28/2014	22,592.39	08/07/2015	24,837.76
12/12/2014	27,288.02	08/21/2015	23,227.53
12/26/2014	22,658.06	09/04/2015	24,527.33
01/09/2015	27,648.31	09/18/2015	21,688.35
01/23/2015	23,561.64		
02/06/2015	35,735.11		
02/20/2015	23,668.86		
03/06/2015	26,867.00		
03/20/2015	22,329.23		
04/03/2015	24,681.25		
04/17/2015	22,027.22		
05/01/2015	21,390.29		
05/15/2015	25,772.12		
05/29/2015	22,781.09		
		FSA with interest applied 09/30/2015	22,512.76
		Prepaid City Contribution 09/30/2014	0.00
		Prepaid City Contribution 09/30/2015	<u>0.00</u>
			TOTAL CITY CONTRIBUTIONS
			640,567.14
(Page 5, Line 3)			

4. DETAIL OF EXPENSES

ADMINISTRATIVE EXPENSES

Item	Amount Paid	Item	Amount Paid
Legal	9,387.62	Schools, Travel, Dues	0.00
Actuarial	16,714.00	Administrator	20,189.06
Accounting	0.00	Miscellaneous	0.00
Fiduciary Insurance	3,033.45		
			Sub-Total Administrative Expenses
			49,324.13

INVESTMENT EXPENSES

Item	Amount Paid	Item	Amount Paid
Investment Manager	26,797.71	Performance Monitor	14,500.00
Custodial	6,625.00	Miscellaneous	0.00
			Sub-Total Investment Expenses
			47,922.71

TOTAL EXPENSES 97,246.84
(Page 5, Line 18)

City of Edgewater Police Officers' Retirement Plan
2015 ACTUARIAL CONFIRMATION OF THE USE OF STATE MONIES
(LOCAL LAW PLANS ONLY)

TO BE FORWARDED TO THE PLAN ACTUARY FOR COMPLETION AND RETURNED TO THE MUNICIPALITY AS SOON AS POSSIBLE, SO THAT IT MAY BE SUBMITTED TOGETHER WITH THE ANNUAL REPORT DUE ON MARCH 15, 2016.

The Plan's actuary must provide the following information in order for the MPF office to determine that State premium tax revenues are being used in accordance with the provisions of sections 175.351 and 185.35, Florida Statutes, as amended by Chapter 99-1, Laws of Florida.

A. Name of actuarial firm: Foster & Foster, Inc.

B. Date of most recent actuarial valuation: 10/1/13

C. Use of State money -- Please provide the following information:

(1) Annual cost of qualifying benefit improvements -- *required minimum benefit improvements or "extra benefit" improvements* -- enacted during the fiscal year.

	<u>Recurring costs</u>	<u>One-time use</u>	<u>Ordinance Number(s)</u>
1999-2014	\$160,197	<i>(Previously reported)</i>	<i>(Previously reported)</i>
2015	\$0	\$0	

(2) For the Fiscal Year 2015, please indicate the amount of State premium tax moneys that are available to be used by the plan sponsor toward the minimum required contributions. (NOTE: If there have been no qualifying benefit improvements since the enactment of Chapter 99-1, Laws of Florida, this amount can be no more than the 1997 base year amount.)

Police \$127,668.11

(3) Are there any remaining minimum benefit improvements required to be made subject to the provisions of Chapter 99-1, Laws of Florida? If yes, please identify. Attach additional page, if necessary.

YES NO x

(4) As of Fiscal Year End 2015, please provide the cumulative balance of additional premium tax revenues that are remaining to be used to provide future minimum or "extra benefit" improvements. If the sum total of all qualifying benefit improvements enacted since Chapter 99-1 exceeds the total additional premium tax revenues received this year, this may be a negative balance; however, negative balances are not cumulative. NOTE: Investment Earnings, if included, may not be negative in the aggregate.

Total Accumulated Balance 9/30/15 (\$95,168.92)

(Includes Cumulative Investment Earnings of \$0.)

D. Actuary representing the Plan:

Name: Douglas H. Lozen, EA, MAAA
(Please print)

Telephone: 239-433-5500



03/10/2016

(Signature)

(Date)

INVESTMENTS

City of Edgewater Police Officers' Retirement Plan

1. INVESTMENT PROVISIONS:

- A. Ordinance No. 2000-O-14 Section 3.02 Date 09/11/2000
- B. Has the board adopted a **written investment policy** in accordance with the requirements of section 112.661, F.S., and submitted a copy of this policy to the Bureau of Local Retirement Systems?
 Yes X No Date 03/22/2010
- C. Has the board, pursuant to s. 112.661(9) , F.S., determined the **total expected annual rate of return** for the current year, for each of the next several years, and for the long term hereafter and submitted to the Local Retirement Office?
 Yes X No Date 03/20/2015
- D. Has the board prepared a **Summary Plan Description** in accordance with the requirements of section 112.66, F.S.? The SPD shall be furnished to a member upon employment and thereafter with each new biennial publication.
 Yes X No Date 12/14/2009
- E. Has the board complied with the divestiture provisions found in S.175.071 (8) F.S.?
 Yes X No
- F. NOTE: For valuations prepared after 1/1/16, all plans must use the mortality tables used in either of the two most recently published actuarial valuation reports of the Florida Retirement System, as required in section 112.63(1)(f), F.S.
Note: State premium tax moneys may not be released until the plan has complied with the statutory provisions. See instructions for details.

2. SCHEDULE OF INVESTMENTS AT MARKET VALUE

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at: Salem Trust		
(1) Cash, Checking and Savings		
* See Attached Investment Listing Detail		
	\$0.00	*
Total (Page 4, Line 1)		
(2) Certificates of Deposit		
* See Attached Investment Listing Detail		
	\$0.00	*
Total (Page 4, Line 2)		
(3) Short Term Investments		
* See Attached Investment Listing Detail		
	\$366,109.13	*
Total (Page 4, Line 3)		

2. SCHEDULE OF INVESTMENTS - continued

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at:		
Salem Trust		
<hr/>		
(4) Other Cash and Equivalents		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 4)	
(5) U. S. Bonds and Bills		
* See Attached Investment Listing Detail		
	\$277,439.70	*
	Total (Page 4, Line 5)	
(6) Federal Agency Guaranteed Securities		
* See Attached Investment Listing Detail		
	\$778,035.24	*
	Total (Page 4, Line 6)	
(7) Corporate Bonds		
* See Attached Investment Listing Detail		
	\$1,541,895.58	*
	Total (Page 4, Line 7)	

2. SCHEDULE OF INVESTMENTS - continued

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at: Salem Trust		
(8) Stocks		
* See Attached Investment Listing Detail		
	\$2,807,050.22	*
	Total (Page 4, Line 8)	
(9) Other Securities		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 9)	
(10) Real Estate		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 10)	
(11) Investments Held by Insurance Company		
* See Attached Investment Listing Detail		
	\$0.00	*
	Total (Page 4, Line 11)	

2. SCHEDULE OF INVESTMENTS - continued

Institution/Company Holding Deposit	Amount	Interest Rate
All Assets are held at: Salem Trust		

(12) Municipal Obligations

* See Attached Investment Listing Detail

\$282,794.50
Total (Page 4, Line 12) *

(13) Mutual Funds

* See Attached Investment Listing Detail

\$2,073,429.22
Total (Page 4, Line 13) *

(14) ACCOUNTS RECEIVABLE*

DUE FROM	**DATE OF PAYMENT	AMOUNT
----------	-------------------	--------

TOTAL ACCOUNTS RECEIVABLE	\$0.00
(Page 4, Line 14)	

* State of Florida Contribution may NOT be listed as a receivable if the Annual Report was not approved before the Plan's fiscal year end.

**Required for all receivables.

INSURED PLANS

TO BE FORWARDED TO INSURANCE COMPANY FOR COMPLETION AND RETURNED TO MUNICIPALITY AS SOON AS POSSIBLE, BUT PRIOR TO FILING DATE OF REPORT, MARCH 15, 2016.

A. NAME OF CARRIER: _____

B. TYPE AND CONTRACT NUMBER:

C. TYPE AND BASIS OF FUNDING:

CURRENT SERVICE:

PAST SERVICE:

D. NUMBER OF EMPLOYEES COVERED:

RETIREED:

NON-RETIREED:

E. DATE OF LAST PLAN AMENDMENT (IF ANY):

F. INSURANCE COMPANY REPRESENTATIVE HANDLING REPORT FOR MUNICIPALITY:

NAME:

TITLE:

PHONE NUMBER:

I have forwarded to the person completing this report a copy of the contract holder's account statement as of _____, (date) showing a balance of \$_____ (amount), invested with this company.

(Signature)

(Date)

NOTE:

A copy of the contract holder's account statement as of the reporting date of the Annual Report must be submitted with the Annual Report. The statement must show all changes to the reserve account. The contract holder's account statement is required even though pages 4 and 5 are completed by the insurance company.

IMPORTANT

Before completing pages 12, 13, 14 and 15, please read these instructions.

Pages 12, 13, 14 and 15, must be completed using the same reporting period as pages 1 through 11.

All statistical data on these pages should be based on employment as a certified (or to be certified within one year of employment) police officer.

Complete all columns on each page.

The statistical data on this year's report will be compared to the statistical data on last year's report. Please check to be sure that all police officers are accounted for and that all dates are correct.

The totals on pages 12, 13, 14 and 15, must be the same as the totals on page 5, lines 1, 11, 12, 13, 15, and 16.

This page is intentionally not numbered.

Name of Plan

POLICE OFFICERS' PENSION DATA

Number of Retired Police Officers on this Report: 24 + 6 Vested

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Date of Birth MM/YYYY 01/1901 <i>C</i>	Date of Retire / Disability (Indicate with R/D) <i>D</i>	Please Indicate if disability is: LOD=Line of Duty or NLOD=Non Line of Duty See Below* <i>E</i>	Name of Beneficiary FIRST NAME ONLY (or terminated vested) <i>F</i>	Pension Option Elected ** <i>G</i>		Monthly Pension Received By Retiree or Beneficiary <i>H</i>	Total Received This Reporting Period <i>I</i>
XXX-XX-8392	ABNEY, CHERYL L.	12/1952	08/16/99 - R			2		741.28	8,895.36
XXX-XX-9248	ADAMS, JOSHUA D.	05/1981	05/28/13		Vested				0.00
XXX-XX-6572	BALL, TIMOTHY R.	11/1966	11/14/07 - R		LYNETTE	3A		2,992.78	35,913.36
XXX-XX-8558	BENNETT, WILLIAM	12/1958	03/01/11 - R from DROP			2		4,759.22	57,110.64
XXX-XX-2484	BLAZI, DANIEL	09/1966	08/01/11 - R from DROP		KENDRA	3A		2,973.44	35,681.28
XXX-XX-0989	CONROY, GARY	02/1963	02/01/12 - R from DROP		AGUSTINE	3A		3,305.67	39,668.04
XXX-XX-7677	DESUE, ANGELA	12/1972	03/08/02		Vested				0.00
XXX-XX-7537	FLOYD, DIANA	04/1960	12/01/11 - R from DROP		CHARLES	3A		2,934.19	35,210.28
XXX-XX-8567	FRAZEE, RAYMOND J.	01/1958	08/01/04 - R (Deceased)		MARY	3A		1,732.73	20,792.76
XXX-XX-7413	GADEN, ANDREW	10/1974	02/12/10		Vested				0.00
XXX-XX-3664	GAMELL, DAVID C.	06/1955	11/20/07 - R		LESLIE	3A		2,345.54	28,146.48
XXX-XX-9100	HUGGINS, TIMOTHY	08/1967	01/28/15		Vested				0.00
XXX-XX-3488	JARKOVSKY, LARRY W.	02/1951	05/01/07 - R			2		3,963.59	47,563.08
XXX-XX-7036	KAYE, MARCI B (KALTMAN)	03/1970	09/07/12		Vested				0.00
XXX-XX-4472	LENZ, WILLIAM D.	09/1944	10/07/05 - R			2		4,573.40	54,880.80
XXX-XX-2613	LEUENBERGER, JEFFREY	07/1957	08/1/12 - R (prior Vested)		ANITA	3A		197.08	2,364.96
XXX-XX-7098	MALLARD, BRIAN	07/1975	12/06/07		Vested				0.00
XXX-XX-7982	MCELROY, GARY T.	09/1962	02/01/07 - D	LOD	SUSAN	3A		2,381.65	28,579.80
XXX-XX-4331	MCEVER, JOSEPH F.	01/1956	11/01/03 - R			2		3,829.17	45,950.04
XXX-XX-1121	MUMPOWER, RANDY	10/1956	04/01/14 - R from DROP		VIRGINIA	3A		2,679.60	32,155.20
XXX-XX-9936	NIEBIESKI, PHIL	09/1946	04/01/12 - R from DROP		VIRGINIA	3A		1,319.97	15,839.64
XXX-XX-8309	RASH, KIMBERLY A.	07/1966	06/01/14 - R		LISA	3A		3,299.31	39,591.72

CITY OF EDGEWATER POLICE OFFICERS' RETIREMENT PLAN
Name of Plan

POLICE OFFICERS' PENSION DATA

Number of Retired Police Officers on this Report: 24 + 6 Vested

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Date of Birth MM/YYYY 01/1901 <i>C</i>	Date of Retire / Disability (Indicate with R/D) <i>D</i>	Please Indicate if disability is: LOD=Line of Duty or NLOD=Non Line of Duty See Below* <i>E</i>	Name of Beneficiary FIRST NAME ONLY (or terminated vested) <i>F</i>	Pension Option Elected ** <i>G</i>	Monthly Pension Received By Retiree or Beneficiary <i>H</i>	Total Received This Reporting Period <i>I</i>
XXX-XX-3905	RICHARDSON, DANNY	04/1957	05/01/07 - R		ALICE	3A	854.82	10,257.84
XXX-XX-8303	ROBARE, ROBERT C.	04/1951	05/01/05 - R			2	1,399.99	16,799.88
XXX-XX-0628	ROBBINS, RONALD H.	03/1960	04/01/10 - R (prior Vested)			4 (180 CL)	1,192.19	14,306.28
XXX-XX-2759	STONE, MARK S.	07/1968	02/01/08 - R		CHRISTINA	3A	2,506.62	30,079.44
XXX-XX-6312	SUSTRICH, HENRY J.	09/1951	04/01/08 - R		DENISE	3A	2,904.52	34,854.24
XXX-XX-7090	TAVES, JOHN G.	02/1950	03/07/08 - R		KATHERINE	3A	2,020.77	24,249.24
XXX-XX-1106	WINSTON, JOANNE	04/1957	10/01/12 - R		RICKY	2	1,439.20	17,270.40
XXX-XX-1977	YEOMANS, WALTER	05/1951	11/01/03 - R		THERESA	3D	1,571.38	18,856.56

* Disability Codes:	
1 - Heart Disease	___1___
2 - Hypertension	_____
3 - Emphysema	_____
4 - Injury	_____
5 - Other (please specify)	_____
6 - Cancer	_____
Total	1

** Pension Option Codes:	
1 - Life & 10 Yrs. Certain	
2 - Lifetime of Retiree Only	
3 - Joint & Survivor	
(A) 100%	(C) 66 2/3%
(B) 75%	(D) 50%
4 - Other (please specify)	
5 - DROP	

Subtotals:	<i>Retirement</i>	\$ 645,644.76
	<i>Disability</i>	\$ 28,579.80
	<i>Beneficiary</i>	\$ 20,792.76
TOTAL:	Police Officers' Pension Payments	\$ 695,017.32

(must agree with page 5, line 14)

CITY OF EDGEWATER POLICE OFFICERS' RETIREMENT PLAN
Name of Plan

POLICE OFFICERS' TERMINATIONS

Number of Terminated Police Officers on this Report: 3

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Sex <i>C</i>	Date of Birth MM/YYYY (01/1901) <i>D</i>	Date of Employment <i>E</i>	Date of Termination <i>F</i>	Reason Terminated <i>G</i>	Amount Refunded at Termination <i>H</i>
XXX-XX-0415	DEBELLA, MARIE R.	F	12/1961	12/30/07	02/06/08	Resigned	0.00
XXX-XX-1403	JACKSON, COURTNEY R	F	01/1990	03/30/14	08/26/14	Resigned	932.92
XXX-XX-1403	MILIEN, JAMES	M	10/1989	07/12/13	08/11/14	Resigned	1,258.09

TOTAL:

**Police Officers'
Termination Payments** \$ 2,191.01
(must agree with page 5, line 15)

2015 Report

CITY OF EDGEWATER POLICE OFFICERS' RETIREMENT PLAN

Name of Plan

POLICE OFFICERS' STATISTICAL EXHIBIT

Number of Active Police Officers on this Report: 27
10/1/2015

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234)	Name (Please sort alphabetically) Last, First, MI	Date of Birth (MM/YYYY (01/1901))	Sex	Age	Date of Employment as a Police Officer	Years of Credited Service in Police Retirement Plan	Date of Entry into Police Retirement Plan	Monthly Salary Used to Compute Pension Contribution	Total Cash Compensation Paid During this Reporting Period	Amount Contributed to Fund by Officer During Period (6%)
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>
XXX-XX-4142	ARCIERI, DAVID J.	02/1964	M	51	12/16/94	20	12/16/94	6,904.26	82,851.12	4,988.11
XXX-XX-2197	BELL, ROBIN E.	12/1965	F	49	02/12/02	6	11/07/08	4,118.47	49,421.61	2,965.31
XXX-XX-8076	BENNETT, MATHEW	04/1994	M	21	04/27/15	0	04/27/15	3,710.34	19,034.04	1,142.04
XXX-XX-6912	BINZ, ANTHONY	10/1988	M	26	04/26/15	0	04/26/15	3,677.84	19,014.41	1,140.87
XXX-XX-6611	BINZ, STEPHEN D.	10/1988	M	27	11/24/13	1	11/24/13	4,054.94	48,659.24	2,919.57
XXX-XX-5001	BURRIS, ADAM C.	03/1979	M	36	06/04/12	3	06/04/12	4,123.34	49,480.02	2,968.80
XXX-XX-2839	CARON, JENNIFER K.	06/1986	F	29	10/14/13	1	10/14/13	3,845.38	46,144.55	2,768.66
XXX-XX-6588	DE ROSA, CHRISTOPHER M.	06/1982	M	33	10/10/03	11	10/10/03	4,049.56	48,594.71	2,915.72
XXX-XX-4531	EPITROPOULOS, SAMUEL G.	11/1992	M	22	09/14/14	1	09/14/14	3,693.59	44,323.09	2,659.40
XXX-XX-4865	GABOURY, SCOTT E.	06/1982	M	33	11/14/11	3	11/14/11	4,004.80	48,057.58	2,883.46
XXX-XX-2014	GEIGER III, CHARLES R.	08/1990	M	25	05/02/11	4	05/02/11	4,926.21	59,114.50	3,546.87
XXX-XX-7816	GINTZ, BRIAN W.	05/1973	M	42	07/17/98	16	11/01/98	4,853.86	58,246.35	3,494.82
XXX-XX-7405	HARRIS, BILLIE S.	06/1974	M	41	04/06/08	7	04/06/08	3,726.64	44,719.73	2,683.15
XXX-XX-4619	HIRSCH JR., STEVEN R.	04/1979	M	36	08/06/12	3	08/06/12	3,438.68	41,264.20	2,475.85
XXX-XX-3304	LAWLER, MYLES J.	09/1986	M	29	05/19/08	7	05/19/08	4,777.62	57,331.41	3,439.89
XXX-XX-0121	MAHONEY, JOSEPH P.	02/1980	M	35	04/11/03	12	04/11/03	5,349.00	64,188.00	3,851.28
XXX-XX-3264	MILES, MARTHA A.	06/1970	F	45	11/13/06	8	11/13/06	4,675.17	56,102.08	3,366.15
XXX-XX-7185	POLLARD, SARA M.	10/1991	F	23	08/16/15	0	08/16/15	3,513.99	5,270.98	316.26
XXX-XX-6708	RAVER, JOSHUA H. III	11/1983	M	31	04/16/08	7	04/16/08	3,606.27	43,275.22	2,596.52
XXX-XX-5503	SELVAGGIO, ERIC, R.	08/1983	M	32	01/07/07	8	01/07/07	5,376.92	64,522.98	3,871.39
XXX-XX-2761	SLOAN, JULIAN E.	12/1993	M	21	01/04/15	0	01/04/15	3,479.26	30,965.40	1,857.94
XXX-XX-9193	SNYDER, MATTHEW R.	06/1980	M	35	04/19/10	5	04/19/10	4,914.69	58,976.22	3,538.57

POLICE OFFICERS' STATISTICAL EXHIBIT

Number of Active Police Officers on this Report: 27
10/1/2015

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Date of Birth MM/YYYY (01/1901) <i>C</i>	Sex <i>D</i>	Age <i>E</i>	Date of Employment as a Police Officer <i>F</i>	Years of Credited Service in Police Retirement Plan <i>G</i>	Date of Entry into Police Retirement Plan <i>H</i>	Monthly Salary Used to Compute Pension Contribution <i>I</i>	Total Cash Compensation Paid During this Reporting Period <i>J</i>	Amount Contributed to Fund by Officer During Period (6%) <i>K</i>
XXX-XX-1894	SOLTZ, AARON R.	12/1978	M	36	04/22/05	10	04/22/05	4,917.20	59,006.38	3,540.40
XXX-XX-9134	TARR, JOHN W.	08/1973	M	42	09/05/10	5	09/05/10	4,761.85	57,142.21	3,428.54
XXX-XX-3541	UGARTE, ROBERTO J.	03/1989	M	26	01/05/15	0	01/05/15	3,711.64	32,922.22	1,975.35
XXX-XX-1520	WEBB, TIMOTHY A.	09/1974	M	41	02/03/12	3	02/03/12	4,564.56	54,774.76	3,286.51
XXX-XX-4801	WETHERELL, WILLIAM T.	01/1976	M	39	06/14/11	4	06/14/11	3,925.06	47,100.67	2,826.05

**HUGGINS, TIMOTHY (Vested)

2,162.39

Subtotals: Police Officers' Contributions \$ 77,447.48

*Terminated Police Officers' Contributions \$ 0.00

**Retired Police Officers' Contributions \$ 2,162.39

***DROP Police Officers' Contributions \$ 0.00

TOTAL: Police Officers' Contributions \$ 79,609.87

(must agree with page 5, line 1)

CITY OF EDGEWATER POLICE OFFICERS' RETIREMENT PLAN
Name of Plan

DROP PLAN PARTICIPANT BALANCE ROLLFORWARD

Number of Police Officers on this Report: 1

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234) <i>A</i>	Name (Please sort alphabetically) Last, First, MI <i>B</i>	Date of Birth MM/YYYY (01/1901) <i>C</i>	Date of Employment <i>D</i>	Date of Entry into DROP Plan <i>E</i>	DROP Plan Rollforward					Ending Balance <i>K=F+H+I-J</i>
					Beginning Balance <i>F</i>	Additions			Distributions <i>J</i>	
						Monthly <i>G</i>	Fiscal Year <i>H</i>	Interest Earned <i>I</i>		
XXX-XX-5804	HAZELWOOD, ROBERT	06/1965	02/15/91	06/01/11	162,697.68	3,389.32	40,671.84	(1,299.73)	0.00	202,069.79

TOTALS \$ 162,697.68 \$ 40,671.84 \$ (1,299.73) \$ 0.00 \$ 202,069.79
 (MUST agree to prior year ending balance page 15)

Name of Plan

SHARE PLAN PARTICIPANT BALANCE ROLLFORWARD

Number of Police Officers on this Report: 0

Reporting Period 10/01/2014 to 09/30/2015

Social Security Number (XXX-XX-1234)	Name Last, First Middle Initial	Date of Birth MM/YYYY (01/1901)	Date of Employment	Date of Entry into Share Plan	Share Plan Rollforward					Ending Balance
					Beginning Balance	Additions			Distributions	
						Premium Tax Allocation	Administrative Fees	Interest Earned		
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K = F+G-H+I-J</i>

TOTALS \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

(MUST agree to prior year ending balance page 16)